

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: Multi-Modal Operation Of A Medical Device  
System

Attorney Docket Number:: 11738.00141

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 33

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Ivan  
Middle Name::  
Family Name:: Osorio  
Name Suffix::  
City of Residence:: Leawood  
State or Province of Residence:: Kansas  
Country of Residence:: USA  
Street of mailing address:: 4005 W. 124<sup>th</sup> Street  
City of mailing address:: Leawood  
State or Province of mailing address:: Kansas  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: G.  
Family Name:: Frei  
Name Suffix::  
City of Residence:: Lawrence  
State or Province of Residence:: Kansas  
Country of Residence:: USA  
Street of mailing address:: 2513 Via Linda Drive  
City of mailing address:: Lawrence  
State or Province of mailing address:: Kansas

Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: T.  
Family Name:: Rise  
Name Suffix::

City of Residence:: Monticello  
State or Province of Residence:: Minnesota  
Country of Residence:: USA  
Street of mailing address:: 7745 Aetna Avenue NE  
City of mailing address:: Monticello  
State or Province of mailing address:: Minnesota  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 55362

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name:: F.  
Family Name:: Schaffner  
Name Suffix::  
City of Residence:: Austin  
State or Province of Residence:: Texas  
Country of Residence:: USA  
Street of mailing address:: 10602 Showboat Cove

City of mailing address:: Austin  
State or Province of mailing address:: Texas  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 78730

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Nina  
Middle Name:: M.  
Family Name:: Graves

Name Suffix::  
City of Residence:: Minnetonka  
State or Province of Residence:: Minnesota  
Country of Residence:: USA  
Street of mailing address:: 4312 Ridge Ct.

City of mailing address:: Minnetonka  
State or Province of mailing address:: Minnesota  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 55391

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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This Application	Non-Provisional of	60/503,998	09/19/03
This Application	Non-Provisional of	60/418,553	10/15/02

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Medtronic, Inc.  
 Street of mailing address:: 710 Medtronic Parkway NE  
 LC 340  
 City of mailing address:: Minneapolis  
 State or Province of mailing address:: Minnesota  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 55432